Building Public Health Capacity to Advance Equity

A National Environmental Scan of Tribal, State, and Local Governmental Public Health

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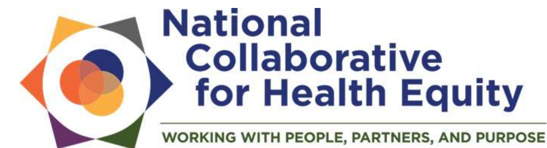
National Collaborative for Health Equity

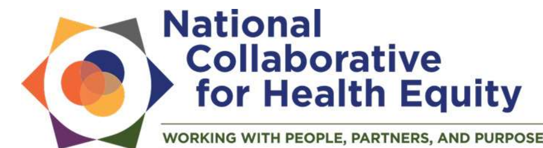


Project Purpose

Building Public Health Capacity to Advance Equity is an environmental scan funded by the W.K. Kellogg Foundation (WKKF) to explore governmental public health's role in advancing health equity with racial equity as a major priority and community engagement as a central strategy.

The project team consisted of ten partner organizations collaborating to examine the federal landscape and the capacity of local, state, and Tribal health agencies to play a role in promoting equity.

Through literature reviews, in-depth interviews and focus groups with health officials, public health experts, and community leaders across the country, we have identified a variety of opportunities for governmental public health to advance equity.



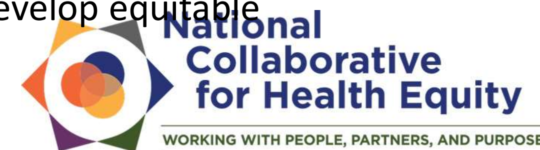
Project Partners & Environment Scan Approach

The project partnership consisted of six national partners and four academic research teams in WKKF's priority places. Three of the six national organizations were core partners that collaborated to design and guide the work. Each project team was selected for their expertise in a particular aspect of the environmental scan.

National Collaborative for Health Equity (NCHE) served as the overall project coordinator to ensure alignment among the collaborating teams, facilitated cross-team sense-making, and led synthesizing findings across the other nine team scans to produce this report.

George Washington University, Milken Institute School of Public Health, Department of Health Policy and Management (GWU) examined the national policy and funding environment for public health in the context of a changing health system and new administration (Levi, Heinrich & Mongeon, 2017).

Prevention Institute (PI) examined the national landscape and interviewed local grassroots, community-based, and base-building organizations to understand their perspectives on effective strategies and practices that governmental public health agencies could use to co-develop equitable partnerships with communities (Sims, Viera & Aboelata, 2018).



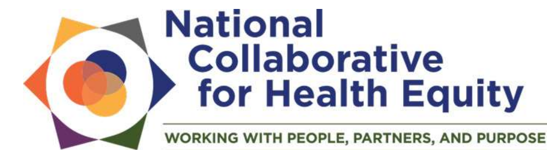
National Constituent Partners

The national core and constituent partners explored federal resources and the policy environment, the nature of community engagement among public health agencies across the nation, and the degree of capacity among Tribal, state, and local health departments to advance equity in their work.

Association of State and Territorial Health Officials (ASTHO) focused on the role state health officers and their agencies can play in advancing racial and health equity (Kershner, Rudolph & Cooney, 2017).

National Association of County and City Health Officials (NACCHO) centered its portion of the environment scan on local health departments using a social justice framework (Hofrichter, 2017).

National Indian Health Board (NIHB) explored the definition and applications of what racial and health equity work looks like among sovereign Tribal nations co-located in the U.S. (Babbel, 2017).



Academic Research Partners in WKKF’s Priority Places

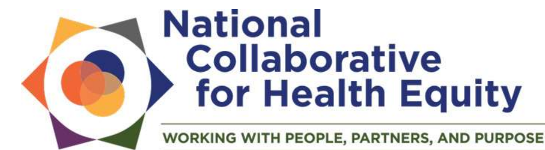
The four academic partners in priority places provided case studies on how capacity issues play out in specific geographic contexts.

Michigan—**University of Michigan** (UM) developed a case study for the scan focusing on the State of Michigan (Rubin et al., 2017).

Mississippi—**University of Mississippi Medical Center** (UMMC) developed a case study for the scan focusing on the State of Mississippi (Beech et al., 2017).

New Mexico—**University of New Mexico** (UNM) developed a case study for the scan focusing on the State of New Mexico and Tribes co-located in the state (Sanchez-Youngman, Elias et al., 2018; Sanchez-Youngman, Sanchez et al., 2018).

New Orleans—**Tulane University and Institute of Women and Ethnic Studies** (TU-IWES) developed a case study for the scan focusing on the City of New Orleans Health Department (NOHD) and its key partners (Broussard et al., 2017).



Core Questions:

1. **Definitions and Concepts**—racial equity, health equity and social determinants of health—e.g., how is health equity defined and does the health department use a common definition?

2. **Perceived Role**—perceived and actual roles health departments are playing in advancing equity—e.g., do health departments see advancing racial equity among the social determinants of health as part of their responsibility?

3. **Current Initiatives, Practices & Policies**—the extent to which health departments are implementing racial and health equity strategies, programs, policies and practices

4. **Partnerships & Engagement**—the context and nature of the health departments' engagement with communities, community-based organizations and cross-sector partners external to the department

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Core Questions (continued):

5. **Barriers & Challenges**—understanding what barriers hinder the health department in advancing a racial and health equity agenda

6. **Context, Facilitators, and Successes**—understanding what external and internal factors have facilitated successful equity strategies by health departments

7. **Internal Capacities**—exploring which internal capacities of the health department are vital to advancing a racial and health equity agenda

8. **Leadership**—understanding the extent to which and how leadership – internal and external to the health department - can play a role in advancing a racial and health equity agenda

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What We Learned About Conceptions of Equity and the Perceived Role of Public Health

- We observed **wide variation in familiarity with equity-related concepts** such as health and racial equity, health disparities or inequities, social and economic disparities, and social determinants of health.
- Many interviewees were not familiar with the terms "racial equity" or "health equity" even if they were working in areas that addressed the concepts.
- In other cases, the terminology was left out deliberately because it was not politically palatable or applicable.
- Despite our best efforts to prioritize racial equity in the scan, it was at times difficult to unpack health equity from racial equity in the scan findings. Teams reported back that it was a challenge to interview some participants who were not already familiar with the concept of health or racial equity.
- In other cases, racial equity was described as inappropriate terminology. In Indian Country, for example, NIHB found that terminology around racial equity did not resonate and interviewees highlighted the tension between categorizing American Indians/Alaska Natives (AI/AN) as a racial minority group versus a political designation (Babbel, 2017).

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Conceptions of Equity and the Perceived Role of Public Health

Finding: Local context is key for understanding what terms will resonate when initiating an equity agenda. Some communities may be comfortable naming racism as an issue to tackle while others may need to consider alternative terminology and take time to incorporate discussions of race and oppression into the work.

Recommendation 1: Health departments must understand the cultural and political resonance of racial and health equity concepts with their communities and the extent to which clear definitions of terms and concepts will foster equity agenda development. For some Tribal health departments, this may mean avoiding the use of the term racial equity and working closely with the Tribe to articulate what alternative concepts resonate with an equity agenda that aligns with the Tribe's needs.

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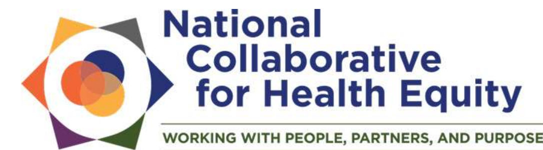
Public Health's Role in Racial Equity

Finding: Interviewees varied widely in their view of the role of public health. Some focused on providing services and resources for individuals to gain more control over their own health as opposed to interventions that target changing dynamics, policies, and contextual conditions.

Others championed equity as a core value of public health, but argue that health departments are struggling to maintain their foundational and statutory responsibilities, much less address the social determinants of health and grapple with equity issues.

Exacerbating the problem, health departments operate in politicized environments with direct accountability to elected officials who may have agendas that support divestment from public services and conflict with health equity aims.

Recommendation 2: Health departments should articulate a shared vision, worldview, and public narrative for how they see themselves advancing equity to galvanize staff and partners towards collective action on equity.



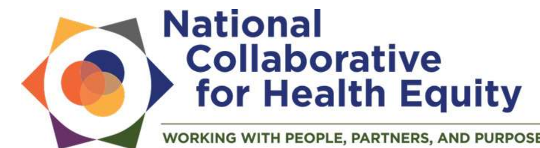
Inside, Outside & Across Strategies for Public Health Action on Equity

Human Impact Partners (HIP, 2017) puts forth a valuable practice-based framework that outlines inside and outside strategies for public health agencies.

Inside strategies are actions that are taken within the public health agency to build internal infrastructure that drives an equity agenda, such as improving organizational capacity, changing internal practices, and mobilizing data.

Outside strategies are external to public health agencies themselves such as working with other government agencies, building community partnerships and championing transformative change.

The current scan builds on HIP's framework by providing rich examples of what public health departments face when employing these inside/outside strategies, and by articulating a third category—that is, an **across strategy** that acknowledges the responsibility of role players and national resources external to public health agencies.

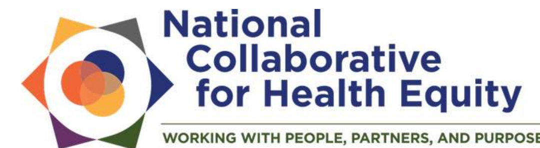


Inside, Outside & Across Strategies for Public Health Action on Equity

When considering all three types of strategies, however, a major part of the work is developing a shared understanding of history, the origins of dominant narratives, and co-creating new narratives that support equity.

They are important because “they shape public consciousness and thereby influence, often implicitly, decision-making.” Challenging and co-creating new narratives that support equity action needs to happen within health departments, with partners external to the health department, and in the broader public health field.

Recommendation 3: Health departments should work with communities and partners to create a shared understanding of the historic and contemporary imbalances in power that produce inequities as a foundational step in developing an equity agenda and also recognize that the process is iterative and may require intermittent reflection as partnerships grow, new actions are taken, and agendas expand.



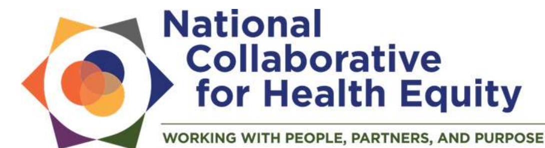
Inside Strategies for Public Health Action on Equity – Formalizing a Commitment to Equity

Recommendation 4: Health departments should incorporate racial and health equity into formal strategic statements—such as vision, mission, and values—and in their jurisdiction's statutes to ensure that equity is part of a health department's mandate.

Recommendation 5: Train more health department leaders on the political skills it takes to navigate leading and collaborating on an equity agenda and creating culture change within and external to the department.

Recommendation 6: Health departments should make diversity, equity, and inclusion a part of their internal equity strategy and be transparent about how diversity, equity, and inclusion are incorporated into staff recruitment, hiring, and retention practices.

Recommendation 7: Health departments should ensure staff understand the historic and contemporary root causes of inequity as well as possess the skills and competencies to partner effectively and collect, use, and share information with other agencies and communities.



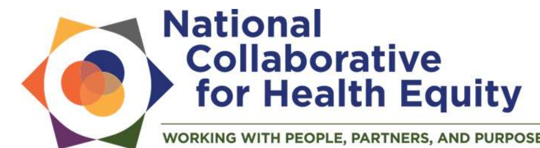
Inside Strategies for Public Health Action on Equity – Data and Knowledge

The use of public health data, and evidence-driven methodologies such as health impact assessments, are valuable resources in building organizational capacity to advance inside and outside strategies.

Internally, self-assessment data on staff skills and competencies can provide insights to public health leadership on where to invest equity training resources. Workforce skills and competencies in data and epidemiology can also be a valuable asset to communities in advancing equity.

In addition to shifting the focus toward community conditions and underlying systems, several interviewees emphasized that public health is well positioned to describe how residents of communities that experience inequities face multiple, intersecting challenges to health and safety.

Recommendation 8: Health departments must work with communities and partners to acknowledge when to wield the power of data by providing evidence that can make the case for action and when to yield to the information a community knows about itself. Health departments should also share in and be transparent about the data inquiry process.



Outside Strategies and Tactics - Equity Values and Practices for Partnerships

Recommendation 9: Health departments should seek to form transformational partnerships that acknowledge, self-examine, and rebalance power dynamics among participants. Within these partnerships, the practices and processes that support the partnership must be iterative, participatory, and transparent to build necessary trust and shared accountability among partners.

Recommendation 10: Health departments should be intentional about a focus on equity and seek to form diverse partnerships that can coalesce around a broad equity agenda. These partnerships should also be explicit in addressing systems and structural level changes that undo racial and social power imbalances.

Recommendation 11: Health departments and their partners can leverage their impact if they connect to social movements beyond specific health issues. This can provide cross-cutting equity policy issues with a broader coalition of constituents and be a win-win for diverse yet aligned equity agendas.

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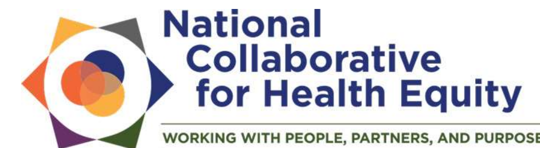
Networking Across Strategies – Building a Public Health Equity Movement

A consistent and dominant theme that emerged across the teams' scans was that to be in position to advance racial and health equity **public health itself needs a movement**—that is, the viability of governmental public health and public health departments playing a role in advancing equity are intricately intertwined.

Public health departments must acknowledge that advancing equity is essentially about transforming power—a political act. Hofrichter (2017) describes the aim of transforming power as a "fully developed realization of democracy;" that is, "reshaping governance, governing systems and politics across all issues, so no one class or network of groups dominates . . . it entails rearranging institutional power." Despite this, for the vitality of the field and the nation's health, public health is in position to build a movement—a public health equity movement.

Recommendation 12: Forward thinking funders and thought leaders need to wield their influence to advocate for the value of public health, push for systems change strategies, and support both health departments that can serve as incubators for demonstrating new equity strategies, and bring external resources to those that face opposition to equity.



Thank you!

http://www.nationalcollaborative.org/wp-content/uploads/2019/01/nche_environmental_scan_full_report.pdf